
245.70**Lead Poisoning Prevention****Overview**

Introduction

Lead poisoning affects seven percent of Iowa children under the age of six years. Peeling, chipping and chalking paint in housing built before 1960 is the most common source of lead. Children affected with lead poisoning may have lowered IQ levels and be prone to other health problems. This policy describes WIC's role in preventing lead poisoning.

Lead poisoning prevention goals

The goals of the Iowa WIC Program are to reduce children's exposure to lead and to advocate for all children under the age of six years to be tested for lead poisoning. *Healthy Iowans 2010* set a goal to reduce the prevalence of blood lead levels greater than or equal to 10 micrograms per deciliter (ug/dl) to 4 percent in children under the age of 6 years.

WIC's role

WIC agencies can help prevent lead poisoning by:

- Assessing history of lead testing and referring children for testing,
- Identifying community resources for blood lead tests,
- Collaborating with providers to ensure services are available,
- Providing information to private providers about the importance of blood lead testing for all children,
- Encouraging parents/caretakers to be assertive when requesting a test,
- Educating parents about how to avoid environmental lead exposure, and
- Assigning nutrition risk factors to lead affected children.

Policy references

- MPSF: WC-93-14-P: WIC's Role in Screening for Childhood Lead Poisoning
 - MPSF: WC-01-05-P: Blood Lead Screening
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In this policy

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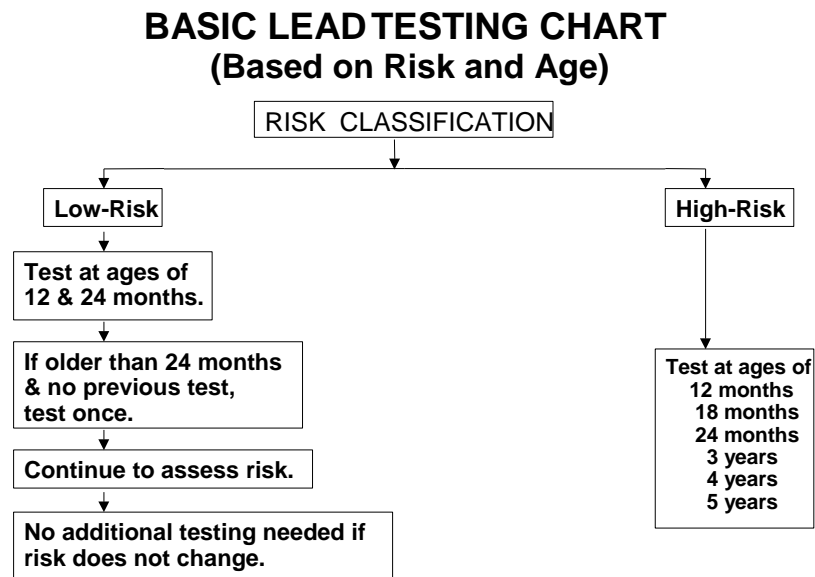
Promoting Lead Testing for All Children

Introduction

All Iowa children are at-risk for lead poisoning regardless of socioeconomic status. WIC agencies have a role in assessing whether children have been tested and referring children who have not been tested.

Testing chart

The chart below summarizes the lead testing recommendations based on the child's risk and age.



Children who may not be tested

Some groups of children are more likely to fall through the cracks and not be tested for lead poisoning. These children include those who:

- Are on EPSDT or who have private insurance and receive all their health services from their physician (many physicians are not testing children).
- Are not covered by EPDST, Medicaid, or private insurance.
- Do not live in a service area covered by a local Childhood Lead Poisoning Prevention Program (CLPPP).

Lead Poisoning Prevention Activities in WIC

Policy

WIC agencies must assess the history of lead testing for every infant and child enrolling in the WIC Program. If a child has not been tested, WIC personnel must make a referral to an appropriate community resource for testing and must document this referral. Referrals can be documented in the referral section of a participant's electronic record.

Referral guidelines

The table below provides guidelines for referrals for lead testing.

Step	Action						
1	Describe why lead testing is important for all children. Remind parents that Iowa law requires children to have at least one blood lead test before kindergarten.						
2	Assess if the child has been tested for lead (including the date and test results). <table border="1"> <tr> <th>IF the child...</th><th>THEN...</th></tr> <tr> <td>Has been tested recently</td><td> <ul style="list-style-type: none"> • Discuss the test results, • Provide counseling as appropriate, • Refer for follow-up services as needed, and • Encourage the parent/caretaker to make sure that the child receives additional tests based on the child's risk status. </td></tr> <tr> <td>Has never been tested</td><td> Determine the appropriate means for getting lead testing completed based on community resources: <ul style="list-style-type: none"> • Refer to their private provider, or • Draw blood at the WIC clinic and request follow-up by the Child Health (Title V) Program, or • Refer to the local CLPPP (if available) for help making testing arrangements. </td></tr> </table>	IF the child...	THEN...	Has been tested recently	<ul style="list-style-type: none"> • Discuss the test results, • Provide counseling as appropriate, • Refer for follow-up services as needed, and • Encourage the parent/caretaker to make sure that the child receives additional tests based on the child's risk status. 	Has never been tested	Determine the appropriate means for getting lead testing completed based on community resources: <ul style="list-style-type: none"> • Refer to their private provider, or • Draw blood at the WIC clinic and request follow-up by the Child Health (Title V) Program, or • Refer to the local CLPPP (if available) for help making testing arrangements.
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3	Explore ways to reduce any barriers to obtaining lead testing.						
4	Provide information about reducing lead exposure from the environment including how good nutrition helps prevent lead absorption.						
5	Provide information about good hygiene practices that help reduce lead poisoning in children.						

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Lead Poisoning Prevention Activities in WIC, Continued

Preventing lead poisoning

WIC staff should provide key messages for preventing lead poisoning including the following:

- Providing meals and snacks high in iron and calcium decreases the amount of lead a child absorbs from the environment.
 - Identifying lead hazards in the environment.
 - Cleaning the home regularly to remove dust and/or paint chips.
 - Restricting children from playing in areas likely to be contaminated with lead (e.g., bare soil, near the windowsill).
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Follow-up for high lead levels

Children with a blood lead level ≥ 5 ug/dl need additional follow-up. When children are identified with high lead levels, the Iowa Department of Public Health Childhood Lead Poisoning Prevention Program (CLPPP) is alerted. Follow-up and case management services will be provided by either state or local CLPPP staff. Title V programs also can assist in care coordination for children with high blood lead levels.

Nutrition counseling

Nutrition counseling for lead poisoned children is highly recommended and is reimbursable through EPSDT. WIC agencies that also have a Child Health Program (Title V) contract may bill EPSDT directly for the nutrition counseling. Other WIC agencies may seek reimbursement through a contract with the Child Health Programs (Title V) in their service area.

Note: EPSDT can be billed for nutrition counseling that goes beyond that provided by WIC. Nutrition counseling for lead poisoning falls into this category.

Coordinating with Community Providers

Introduction

The Iowa Department of Public Health has developed an infrastructure for preventing lead poisoning. WIC agencies need to be aware of the community resources in their service area and establish good working relationships to facilitate lead testing and follow-up services for children.

Sources for lead testing

The table below lists potential sources for testing and other services related to lead poisoning prevention.

Source	Services available
Childhood Lead Poisoning Prevention Program (CLPPP)	<ul style="list-style-type: none"> • Lead tests for children who are not covered by EPSDT or private insurance • Medical and environmental case management for children identified with a blood lead level of two venous of 15-19 ug/dL or ≥ 20 ug/dL, • Education and outreach to medical providers, parents and landlords • STELLAR database • Support for community-based coalitions • Coordination activities with health care providers to assure all children are tested <p><u>Note:</u> To find the CLPPP in your service area, call 1-800-972-2026.</p>
Child Health Programs funded through the Title V Block Grant	<ul style="list-style-type: none"> • Lead tests may be conducted for children not covered by EPSDT • Community assessment and planning for delivery of essential services • Risk assessment • Education about preventing lead poisoning • Case management for affected children <p><u>Note:</u> To find out if lead testing is available from Child Health in your service area call 1-800-383-3826.</p>

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Lead Testing Options for WIC Contractors

Introduction Local WIC contractors may choose to offer lead testing at WIC clinics if time and resources are available. Drawing blood for lead testing at the same time as drawing blood for hemoglobin tests helps assure that children at risk for lead poisoning are identified and appropriate follow-up is provided. This section of policy describes considerations for WIC contractors who provide lead testing.

Funding WIC funds may not be used for lead testing. This includes equipment, supplies, laboratory analysis, and staff time. Potential funding sources include:

- Empowerment funds,
- A local Childhood Lead Poisoning Prevention Program (CLPPP),
- *hawk-i*, and
- Other local funds.

Time considerations Tasks that must be considered when considering the impact of lead testing on clinic operations and staff time include those listed in the table below:

Task	Comments
Preparation for the blood test	Hands must be washed with soap and water to remove any external lead contamination.
Time to collect the sample	When the blood sample is collected in conjunction with a fingerstick to determine hemoglobin level, the additional time required is minimal.
Documentation	<ul style="list-style-type: none"> • Recording data for mailing to a lab. • Weekly reporting to IDPH if using the Lead Care II analyzer
Notification of test results	<p>Notify families in a timely manner. This includes both normal and high lead levels.</p> <p>All blood lead levels ≥ 20 ug/dL must be reported to the IDPH Lead Poisoning Prevention Program immediately at 1-800-972-2026 (voice) or 515-281-4529 (fax).</p>

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Lead Testing Options for WIC Contractors, Continued

Billing for the lead draw

The costs related to WIC staff doing the lead draw may be reimbursed by Medicaid at \$3.00 per test based on the WIC agency's contract status:

- Medicaid can be billed directly through a Title V program in the same agency as the WIC Program.
- Medicaid may also be billed through a written agreement with a Title V program in the service area.

Note: Any reimbursement received for drawing blood for lead tests in WIC clinics must be returned to the WIC budget.

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Lead Testing Options for WIC Contractors, Continued

Equipment and supplies

Potential equipment and supply costs include the following:

- Tests sent to IDPH-approved labs, Tamarac Medical or Medtox Scientific, Inc.:
 - Lancets (only required if a separate fingerstick from the hemoglobin test)
 - Capillary tubes
 - Mailing materials and postage
- Lead Care II Analyzer
 - Lead Care II machine
 - Test kits and control kits for each test performed

Testing and analysis

There are three possibilities for testing and analysis of blood lead samples. The table below lists the methods and briefly describes the process and payment possibilities.

Method	Process	Payment
IDPH-approved laboratories: <ul style="list-style-type: none"> • University of Iowa Hygienic Lab • Linn County Public Health Department Lab 	<ul style="list-style-type: none"> • Collect fingerstick blood sample in a specially designed capillary tube. • Mail sample to one of the labs. • The lab will report results to IDPH and the agency that drew the blood. • The local CLPPP or the IDPH Lead Poisoning Prevention Program will conduct follow-up as needed. 	<ul style="list-style-type: none"> • IDPH will pay for non-Medicaid children. • The labs will bill Medicaid directly for children covered by the program.
Filter paper samples analyzed at: <ul style="list-style-type: none"> • Tamarac Medical • Medtox Scientific, Inc. 	<ul style="list-style-type: none"> • Apply fingerstick blood sample to filter paper. • Deliver sample to one of the labs. • The labs will report results to IDPH and the agency that drew the blood. • The local CLPPP or the IDPH Lead Poisoning Prevention Program will conduct follow-up as needed. 	<ul style="list-style-type: none"> • IDPH will <u>not</u> pay for non-Medicaid children. • The labs will bill Medicaid directly for children covered by the program.
Lead Care II Analyzer	<ul style="list-style-type: none"> • Draw fingerstick blood sample and analyze immediately onsite using this equipment. • The agency doing the tests must report electronically to IDPH on a weekly basis. The equipment manufacturer provides software for this purpose. • Follow-up must be arranged with the Title V program in the service area, the local CLPPP, or the IDPH Lead Poisoning Prevention Program. 	<ul style="list-style-type: none"> • IDPH will only pay for non-Medicaid children if the agency conducting the testing can bill Medicaid for children covered by that program.

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Lead Testing Options for WIC Contractors, Continued

Follow-up	Follow-up should be provided by the local CLPPP. If follow-up services for lead-poisoned children are not available in the WIC service area, call the Lead Poisoning Prevention Program hotline at 1-800-972-2026 for assistance.
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Resources	<p>Tamarac Medical 7000 South Broadway #1A Centennial, CO 80122 1-800-842-7069 1-303-794-1083 1-303-794-1093 (fax) BloodLeadTest@tamaracmedical.com (email)</p>
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